

**FEE CALCULATION SHEET**  
 (FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/521620**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	2					
4	2					
5	1					
6	1					
7	1					
8	1					
9						
10	1					
11	1					
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50						
TOTAL IND.	2					
TOTAL DEP.	11					
TOTAL CLAIMS	13					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						